

**AUGUSTA-RICHMOND COUNTY
ALCOHOLIC BEVERAGE EXCISE FORM
PHONE (706) 796-5038 OR FAX (706) 796-5045**

1. MONTHLY PERIOD REPORT _____ 20____
2. BUSINESS NAME _____
3. LOCAL BUSINESS ADDRESS _____
4. HOME OFFICE ADDRESS _____
5. PHONE NUMBER _____ FAX NUMBER _____

EXCISE REPORT

1. GROSS LIQUOR SALES: MIXED DRINKS ONLY _____
 2. TOTAL TAX: 3% OF LINE 1 _____
 3. COLLECTION FEE: ENTER 3% OF LINE 2 _____
 4. BALANCE DUE: SUBTRACT LINE 3 FROM LINE 2 _____
- PURCHASES AND SALES**

TOTAL FOOD PURCHASES _____ TOTAL FOOD SALES _____

TOTAL ALCOHOL PURCHASES _____ TOTAL ALCOHOL SALES _____

TOTAL PURCHASES _____ TOTAL SALES _____

PERCENT OF FOOD _____ PERCENT OF ALCOHOL _____

ALCOHOL PURCHASES: TOTAL VOLUME. GALLONS _____ LITERS _____

AVERAGE PRICE PER DRINK \$ _____ AVERAGE OZ. PER DRINK _____

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN AND ANY SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT WILLFUL FALSIFICATION OF THIS RETURN COULD RESULT IN THE LOSS OF MY BUSINESS OR ALCOHOL LICENSE.

(SIGNATURE OF INDIVIDUAL/DATE)

(TITLE)

NOTICE: ALL RETURNS ARE DUE AND TAXES PAYABLE BY THE 20TH OF EACH MONTH. VENDOR DISCOUNT IS NOT ALLOWABLE IF RETURN IS NOT FILED BY THE 20TH OF THE MONTH. THE AUGUSTA-RICHMOND COUNTY COMMISSION-COUNCIL RESERVES THE RIGHT TO INSPECT AND AUDIT THE BOOKS AND RECORDS OF ANY BUSINESS OPERATING WITHIN THE CONFINES OF ITS JURISDICTION. MAKE CHECKS PAYABLE TO AUGUSTA-RICHMOND COUNTY AND MAIL PAYMENTS TO P.O.BOX 6399 AUGUSTA, GA. 30906.